

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C Name of organization****SEIU LOCAL 200UNITED**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1153 W FAYETTE ST

Room/suite

City or town, state or country, and ZIP + 4

SYRACUSE, NY 13201**F Name and address of principal officer: ELIZABETH GOLEMBESKI****SAME AS C ABOVE****D Employer identification number****16-1605194****E Telephone number****(315) 424-1750****G Gross receipts \$ 3,959,448.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c) Group exemption number ▶ 0647****I Tax-exempt status:** ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website: ▶ WWW.SEIU200UNITED.ORG****K Type of organization:** ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L Year of formation: 2001 M State of legal domicile: NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE UNION'S MISSION IS TO RAISE THE STANDARD OF LIVING OF ITS MEMBERS. THE UNION ORGANIZES NEW			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18	
	5	Total number of employees (Part V, line 2a)	5	33	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total gross unrelated business revenue from Part VII, line 13 column (b)	7a	852.	
	7b	Net unrelated business taxable income from Form 990-T, line 32	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	4,452,384.	4,503,679.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,044.	59,900.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,841.	<814,138.>	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,754,269.	3,749,441.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,797,279.	2,103,464.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶			
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,094,225.	2,894,899.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,891,504.	4,998,363.	
	19	Revenue less expenses. Subtract line 18 from line 12	<137,235.>	<1,248,922.>	
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	3,635,785.	2,336,076.	
	22	Net assets or fund balances. Subtract line 21 from line 20	170,340.	321,086.	
			3,465,445.	2,014,990.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here**Elizabeth Golembeski**
Signature of officer**11/16/09**
Date**ELIZABETH GOLEMBESKI, VICE-PRESIDENT**
Type or print name and titlePaid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if
self-employed),
address, and
ZIP + 4**BONADIO & CO., LLP**
580 S. SALINA STREET
SYRACUSE, NY 13202

Date

11/16/09Check if
self-employed☐Preparer's identifying number
(see instructions)**000068719**EIN ▶ **16-1131146**Phone no. ▶ **315-422-7109**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE UNION'S MISSION IS TO RAISE THE STANDARD OF LIVING OF ITS MEMBERS.
IT IS THE DUTY OF THE UNION TO FIGHT FOR HIGH WAGE AND BENEFIT
STANDARDS BY ORGANIZING NEW MEMBERS, MOBILIZING UNION MEMBERS FOR
POLITICAL ACTION, AND BY LEADING THE STRUGGLE FOR SOCIAL JUSTICE IN
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
THE UNION SERVICES APPROXIMATELY 12,000 MEMBERS. THE UNION IS CURRENTLY
PARTICIPATING IN AN ORGANIZING CAMPAIGN TO RECRUIT NEW MEMBERS.
THE UNION SPENT APPROXIMATELY \$418,000 THIS YEAR ON ORGANIZING. THE
TOTAL INCLUDES AMOUNTS CATEGORIZED ON THE FORM 990 AS PAYROLL, CAR
ALLOWANCE, INSURANCE AND PENSION BENEFITS, TRAVEL FOR ORGANIZERS AND
OTHER MISCELLANEOUS EXPENSES DIRECTLY ATTRIBUTABLE TO ORGANIZING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **\$** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	86	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	33	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	25	
1b Enter the number of voting members that are independent	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	X	
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
JEREMIAH E. DENNIS - (315) 424-1750
1153 W. FAYETTE ST., SYRACUSE, NY, SYRACUSE, NY 13204

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEREMIAH E. DENNIS PRESIDENT	40.00	X		X				105,753.	0.	28,897.
MICHELLE HUNDLEY EXECUTIVE BOARD	1.00	X						900.	0.	0.
ELIZABETH GOLEMBESKI VICE PRESIDENT	40.00	X		X				74,487.	0.	24,381.
ELAINE GERACE EXECUTIVE BOARD	1.00	X						700.	0.	0.
ROBERT CONNOLLY TREASURER	40.00	X		X				70,218.	0.	23,597.
MARK DESANTIS SECRETARY	1.00	X		X				1,200.	0.	0.
JOHN WALKER SGT @ ARMS	1.00	X		X				900.	0.	0.
DOROTHY BETZ EXECUTIVE BOARD	1.00	X						900.	0.	0.
DENNIS EARL EXECUTIVE BOARD	1.00	X						700.	0.	0.
JANA CONSTABLE EXECUTIVE BOARD	1.00	X						700.	0.	0.
KEVIN LLOYD EXECUTIVE BOARD	1.00	X						900.	0.	0.
CHRISTINE POLNAK EXECUTIVE BOARD	1.00	X						900.	0.	0.
ROBERT LOFTUS EXECUTIVE BOARD	40.00	X						54,389.	0.	21,706.
BONNIE LEE MIKULA EXECUTIVE BOARD	1.00	X						900.	0.	0.
ROBERT HANABURGH EXECUTIVE BOARD	1.00	X						700.	0.	0.
THOMAS PERRY EXECUTIVE BOARD	1.00	X						900.	0.	0.
LEO WILLIAMS EXECUTIVE BOARD	1.00	X						900.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD LYONS EXECUTIVE BOARD	1.00	X						900.	0.	0.
MICHAEL LONIGRO VICE PRESIDENT	40.00	X		X				70,236.	0.	23,786.
KAREN CLOUDEN EXECUTIVE BOARD	1.00	X						900.	0.	0.
CRAIG REBEOR EXECUTIVE BOARD	1.00	X						900.	0.	0.
WAYNE SMITH EXECUTIVE BOARD	1.00	X						900.	0.	0.
KATHLEEN STEVENS EXECUTIVE BOARD	1.00	X						900.	0.	0.
TERRY RIESE EXECUTIVE BOARD	1.00	X						700.	0.	0.
LEE THOMAS EXECUTIVE BOARD	1.00	X						900.	0.	0.
1b Total								392,383.	0.	122,367.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>MEMBERSHIP DUES</u>	Business Code 900099	4455140.	4455140.			
	b <u>INITIATION AND OTHER F</u>	900099	48,539.	48,539.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		4503679.				
	3 Investment income (including dividends, interest, and other similar amounts)		59,907.		852.	59,055.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	210000.				
	b Less: cost or other basis and sales expenses	210007.					
	c Gain or (loss)	<7.>					
	d Net gain or (loss)		<7.>		<7.>		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a <u>INDUSTRY FUNDS</u>	900099	16,055.			16,055.	
	b <u>MISCELLANEOUS INCOME</u>	900099	13,115.			13,115.	
c <u>THEFT LOSS FROM PASSTH</u>	900099	<843,308.>			<843308.>		
d All other revenue							
e Total. Add lines 11a-11d		<814,138.>					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3749441.	4503679.	852.	<755090.>		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	514,750.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,085,975.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	146,421.			
9 Other employee benefits	223,186.			
10 Payroll taxes	133,132.			
11 Fees for services (non-employees)				
a Management				
b Legal	95,916.			
c Accounting	13,880.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,664.			
g Other				
12 Advertising and promotion	6,923.			
13 Office expenses	39,469.			
14 Information technology	17,603.			
15 Royalties				
16 Occupancy	81,840.			
17 Travel	194,143.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,490.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,121.			
23 Insurance	23,770.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PER CAPITA TAX	1,634,301.			
b SEVERANCE PAYOUTS	237,072.			
c NEGOTIATIONS & ORGANIZI	168,800.			
d TELEPHONE	54,274.			
e STEWARD'S EXPENSE	37,090.			
f All other expenses	142,543.			
25 Total functional expenses. Add lines 1 through 24f	4,998,363.			
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,210,232.	2	471,536.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	187,009.	4	173,467.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,012.	9	7,492.
	10a Land, buildings, and equipment, cost basis	10a 440,007.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 263,107.	10c 73,210.	176,900.
	11 Investments - publicly traded securities	931,022.	11	1,003,928.
	12 Investments - other securities. See Part IV, line 11	1,223,165.	12	498,618.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,135.	15	4,135.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,635,785.	16	2,336,076.	
Liabilities	17 Accounts payable and accrued expenses	170,340.	17	321,086.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	170,340.	26	321,086.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,465,445.	27	2,014,990.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,465,445.	33	2,014,990.
	34 Total liabilities and net assets/fund balances	3,635,785.	34	2,336,076.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2008
Open to Public
Inspection

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

SEIU LOCAL 200UNITED

Employer identification number

16-1605194

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures

▶ \$ **25,701.**

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

1 Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$ **25,701.**

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

▶ \$ **25,701.**

4 Did the filing organization file Form 1120-POL for this year?

☒ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

SEE PART IV FOR CONTINUATION

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-.
CBTU	167 FLANDER ST. ROCHESTER, NY 146		250.	0.
CNY LABOR RELIGION COALITION	PO BOX 247 E. SYRACUSE, NY 1305		120.	0.
COALITION FOR ECONOMIC JUSTICE	2123 BAILEY AVE BUFFALO, NY 14211	22-3037457	200.	0.
COMMITTEE FOR LEGISLATIVE ACTION	SYRACUSE, NY 13204		487.	0.
DUTCHESS COUNTY DEMOCRATIC COMMITTEE	PO BOX 5005 POUGHKEEPSIE, NY	14-1699893	125.	0.
GEDDES SOLVAY DEMOCRATIC COMMITTEE	112 LIMESTONE LN SYRACUSE, NY 1321		195.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768**(election under section 501(h)).** See the instructions for Schedule C for details.**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a) Filing**
organization's
totals**(b) Affiliated group**
totals

- 1a** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. Enter -0- if line g is more than line a
- i** Subtract line 1f from line 1c. Enter -0- if line f is more than line c
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

MEMBER-TO-MEMBER COMMUNICATIONS IN SUPPORT OF CANDIDATES FOR FEDERAL, STATE AND LOCAL OFFICE.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

COMMITTEE FOR LEGISLATIVE ACTION

Part IV Supplemental Information (continued)

500 W. GENESEE ST SYRACUSE, NY 13204

PART I-C CONTINUATION:

GREATER SYRACUSE LABOR COUNCIL

404 OAK ST SYRACUSE, NY 13203

COL (D) AMOUNT: 260. COL (E) AMOUNT: 0.

JLC NATIONAL TRADE UNION COUNCIL

25 EAST 21ST ST. NEW YORK, NY 10010

COL (D) AMOUNT: 300. COL (E) AMOUNT: 0.

NAACP

PO BOX 397 SYRACUSE, NY 13205

COL (D) AMOUNT: 150. COL (E) AMOUNT: 0.

NEW YORK JOBS WITH JUSTICE

50 BROADWAY NEW YORK, NY 10004

EIN: 20-0559291 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

NYS SENATE REPUBLICAN CAMPAIGN

PO BOX 7729 ALBANY, NY 12224

EIN: 14-1753654 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ONONDAGA COUNTY DEMOCRATIC COMM

248 E. WALTER ST SYRACUSE, NY 13202

EIN: 15-0287935 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

OSWEGO COUNTY LABOR COUNCIL

Part IV Supplemental Information (continued)

182 CREAMERY RD. OSWEGO , NY 13126

COL (D) AMOUNT: 350. COL (E) AMOUNT: 0.

PEACE ACTION EDUCATION FUND

2013 E. GENESEE ST. SYRACUSE, NY 13210

COL (D) AMOUNT: 100. COL (E) AMOUNT: 0.

ROCHESTER LABOR COUNCIL

30 N UNION ST. #204 ROCHESTER, NY 14607

COL (D) AMOUNT: 975. COL (E) AMOUNT: 0.

SCHENECTADY COUNTY DEMOCRATIC

664 SCANDAGA RD. SCOTIA, NY 12302

EIN: 20-1663532 COL (D) AMOUNT: 75. COL (E) AMOUNT: 0.

ST. LAWRENCE DEMOCRATIC COUNTY

PO BOX 505 CANTON, NY 13617

COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ULSTER COUNTY DEMOCRATIC COMMITTEE

PO BOX 1011 KINGSTON, NY 12402

EIN: 22-2581703 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

WORKING FAMILIES PARTY

404 OAK ST. #120 SYRACUSE, NY 13203

EIN: 20-0957795 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

JIM ALESI

Part IV Supplemental Information (continued)

PO BOX 267 EAST ROCHESTER, NY 14445

EIN: 16-1559031 COL (D) AMOUNT: 100. COL (E) AMOUNT: 0.

JOSEPH BRUNO

PO BOX 44 SAND LAKE, NY 12153

EIN: 14-1674177 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KEVIN CAHILL

40 MAIN ST NEW PALTZ, NY 12561

EIN: 14-1775092 COL (D) AMOUNT: 2150. COL (E) AMOUNT: 0.

JOAN CHRISTENSEN

PO BOX 6893 SYRACUSE, NY 13217

EIN: 16-1373027 COL (D) AMOUNT: 319. COL (E) AMOUNT: 0.

JIM CORBETT

133 BLACKSTONE WAY SYRACUSE, NY 13219

COL (D) AMOUNT: 25. COL (E) AMOUNT: 0.

JOHN DEFRANCISCO

121 E WATER ST SYRACUSE, NY 13202

EIN: 16-1165156 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

ROANN DESTITO

1001 GARDEN RD UTICA, NY 13501

EIN: 91-2563940 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

MATT DRISCOLL

Part IV Supplemental Information (continued)

6075 MOLLOY RD SYRACUSE, NY 13211

COL (D) AMOUNT: 800. COL (E) AMOUNT: 0.

SAM HOYT

PO BOX 14205 SYRACUSE, NY 14205

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SUSAN JOHN

17 VALLEY GREEN DE. BUFFALO, NY 14526

EIN: 16-1369681 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

THOMAS LIBOUS

59 COURT ST BINGHAMTON, NY 13901

EIN: 16-1565227 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

DONNA LUPARDO

PO BOX 302 BINGHAMTON, NY 13902

COL (D) AMOUNT: 160. COL (E) AMOUNT: 0.

BILL MAGEE

PO BOX 1011 ERIEVILLE, NY 13061

EIN: 91-2064839 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

BILL MAGNARELLI

PO BOX 1299 SYRACUSE, NY 13201

EIN: 16-1478601 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ROY MCDONALD

Part IV Supplemental Information (continued)

PO BOX 5084 SARATOGA SPRINGS, NY 12866

COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MICHAEL NOZZOLIO

PO BOX 7147 ALBANY, NY 12224

EIN: 13-3875449 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MIKE RANZENHOFER

PO BOX 771 E AMHERST, NY 14051

EIN: 22-3688438 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JOE ROBACH

35 MOUNTAIN ASH DR ROCHESTER, NY 14615

EIN: 16-1343298 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CHRIS RYAN

249 E MANCHESTER RD SYRACUSE, NY 13219

COL (D) AMOUNT: 50. COL (E) AMOUNT: 0.

STEPHAN SALAND

5 HUBBARD LN POUGHKEEPSIE, NY 12603

EIN: 14-1729363 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

MARK SCHROEDER

PO BOX 743 BUFFALO, NY 14220

COL (D) AMOUNT: 100. COL (E) AMOUNT: 0.

JIM SEWARD

Part IV Supplemental Information (continued)

PO BOX 20 ONEONTA, NY 13820

COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DEAN SKELOS

350 SUNRISE HIGHWAY ROCKVILLE CENTER, NY 11570

EIN: 05-5301795 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

BILL STACHOWSKI

88 SOUTH PIERCE ST BUFFALO, NY 14206

EIN: 16-1590420 COL (D) AMOUNT: 60. COL (E) AMOUNT: 0.

AL STRIPE

PO BOX 2275 SYRACUSE, NY 13220

COL (D) AMOUNT: 1100. COL (E) AMOUNT: 0.

DAVE VALESKY

PO BOX 624 MANLIUS, NY 13104

COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

CATHY YOUNG

PO BOX 29 OLEAN, NY 14760

EIN: 16-1591754 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DAWES & ALTERI

ONEIDA ST UTICA, NY 13501

COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

FRIENDS OF LARRY MURPHY

Part IV Supplemental Information (continued)

68 KENNEDY LACKAWANNA, NY 14218

COL (D) AMOUNT: -100. COL (E) AMOUNT: 0.

BROOME TIOGA FEDERATION OF LABOR

435 MAIN STREET #119 JOHNSON CITY, NY 13790

COL (D) AMOUNT: -150. COL (E) AMOUNT: 0.

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

SEIU LOCAL 200UNITED

Employer identification number

16-1605194**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,724.	4,268.	4,456.
d Equipment		283,922.	150,488.	133,434.
e Other		147,361.	108,351.	39,010.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				176,900.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,749,441.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,998,363.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,248,922.>
4	Net unrealized gains (losses) on investments	4	<201,532.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<201,532.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,450,454.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,547,909.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<201,532.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<201,532.>
3	Subtract line 2e from line 1	3	3,749,441.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,749,441.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,998,363.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,998,363.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,998,363.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED

INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN

INTERPRETATION OF FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES (FIN

48). THIS INTERPRETATION ADDRESSES THE DETERMINATION OF WHETHER TAX

BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE

RECORDED IN THE FINANCIAL STATEMENTS. UNDER FIN 48, THE UNION MAY

RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS

MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

Part XIV Supplemental Information (continued)

EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURES.

IN ACCORDANCE WITH FASB STAFF POSITION NO. FIN 48-3, THE UNION HAS ELECTED TO DEFER THE APPLICATION OF FIN 48 TO DECEMBER 31, 2009. THE UNION'S CURRENT ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING FOR CONTINGENCIES. THE UNION IS CURRENTLY EVALUATING THE IMPACT OF ADOPTING THE PROVISIONS OF FIN 48.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SEIU LOCAL 200UNITED

Employer identification number

16-1605194

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEMBERS, NEGOTIATES CONTRACTS TO MAXIMIZE THE BARGAINING POWER OF THE MEMBERS AND OFFERS BENEFITS TO ITS MEMBERS. THE UNION'S MEMBERS ALL WORK IN THE SERVICE INDUSTRY. THE UNION SERVICES MAINLY COLLEGES, UNIVERSITIES, SCHOOL DISTRICTS, ENTERTAINMENT AND JANITORIAL EMPLOYEES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 5: THE UNION FOUND OUT DURING THE YEAR THAT A PART OF THEIR INVESTMENT IN BEACON WHICH WAS INVESTED IN MADOFF, WAS DISCOVERED TO BE AN ILLEGAL AND WORTHLESS FUND.

FORM 990, PART VI, SECTION A, LINE 7A: THE UNION'S MEMBERS CAN VOTE ON ELECTIONS FOR THE GOVERNING BODY IF AND WHEN AN ELECTION TAKES PLACE. EVERY THREE YEARS NOMINATION FORMS ARE SENT TO THE MEMBERS IF THEY WOULD LIKE TO NOMINATE A PERSON FOR THE GOVERNING BODY. IF THE BOARD RUNS UNOPPOSED THEN NO ELECTION TAKES PLACE. IF THERE IS AN ELECTION THEN EACH MEMBER CAN VOTE.

FORM 990, PART VI, SECTION A, LINE 10: THE RETURN PREPARER MEETS WITH THE GOVERNING BODY TO REVIEW AND ANSWER QUESTIONS PERTAINING TO THE FINAL VERSION OF THE 990, BEFORE IT IS FILED. IF THE GOVERNING BODY APPROVES IT, THEN THE FINAL VERSION OF THE 990 IS FILED. IF THERE ARE ANY CHANGES NEEDED, THEY ARE MADE AND A SUBSEQUENT VERSION OF THE 990 IS E-MAILED TO THE GOVERNING BOARD MEMBERS. IF THIS VERSION IS APPROVED, IT WILL BE FILED.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

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Inspection

Name of the organization

SEIU LOCAL 200UNITED

Employer identification number

16-1605194

FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICER AND EMPLOYEE SHALL ANNUALLY ACKNOWLEDGE THAT HE/SHE RECEIVED A COPY OF THE CODE AND POLICY, THAT HE/SHE HAS READ AND UNDERSTANDS THE CODE AND POLICY, THAT HE/SHE HAS AGREED TO COMPLY WITH THE CODE AND POLICY, AND THAT HE/SHE HAS DISCLOSED TO SEIU, LOCAL 200UNITED THOSE INTERESTS OR TRANSACTIONS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. THE SEIU, LOCAL 200UNITED LEGAL DEPARTMENT SHALL ALSO CONDUCT PERIODIC REVIEWS FOR PURPOSE OF MONITORING COMPLIANCE WITH, AND ENFORCEMENT OF, THIS CODE AND POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE CONDUCTS A COMPARABILITY STUDY FOR ALL STAFF, INCLUDING OFFICER'S ON AN ANNUAL BASIS. THE RESULTS ARE REVIEWED AND APPROVED BY THE EXECUTIVE BOARD. THE EXECUTIVE BOARD APPROVES PERFORMANCE GOALS AND OBJECTIVES WITH RESPECT TO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST, OR AT THE UNION'S OFFICE FOR INSPECTION.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

MICHELLE HUNDLEY - 1138 WEST AVE

HILTON , NY 14468

ELAINE GERACE - 7509 COLLAMER RD

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

SEIU LOCAL 200UNITED

Employer identification number

16-1605194

EAST SYRACUSE, NY 13057

MARK DESANTIS - 181 COUNTY ROUTE 38

HASTINGS, NY 13076

JOHN WALKER - 2135 S GEDDES STREET

SYRACUSE , NY 13207

DOROTHY BETZ - 1394 ROUTE 12

EARLVILLE, NY 13332

DENNIS EARL - 88 WELLS BRIDGE ROAD

OTEGO, NY 13825

JANA CONSTABLE - 165 WEST GIBSON

CANANDAIGUA, NY 14424

KEVIN LLOYD - 1034 N CREEK RD

PORTER CORNERS, NY 12859

CHRISTINE POLNAK - 653 5TH AVENUE

TROY, NY 12182

BONNIE LEE MIKULA - PO BOX 1074

LILYDALE, NY 14752

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008
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ROBERT HANABURGH - 40 CARRIAGE HILL LANE

POUGHKEEPSIE, NY 12603

THOMAS PERRY - 18 MILES STREET #A

BINGHAMTON , NY 13905

LEO WILLIAMS - 263 ONEIDA RIVER ROAD

PENNELLVILLE, NY 13132

GERALD LYONS - 14 NORTH RD

HIGHLAND, NY 12528

KAREN CLOUDEN - 100 PARKVIEW AVENUE

BUFFALO, NY 14210

CRAIG REBEOR - 235 WEST 8TH STREET

OSWEGO, NY 13126

WAYNE SMITH - 20 MASSACHUSETTS AVENUE

RENESSELAER , NY 12144

KATHLEEN STEVENS - 100 WARSAW STREET

LACKAWANNA, NY 14218

TERRY RIESE - PO BOX 617

MARATHON, NY 13803

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

SEIU LOCAL 200UNITED

Employer identification number

16-1605194

LEE THOMAS - 149 POST AVENUE

ROCHESTER, NY 14619

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization SEIU LOCAL 200UNITED	Employer identification number 16-1605194
	Number, street, and room or suite no. If a P.O. box, see instructions. 1153 W FAYETTE ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, NY 13201	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input checked="" type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

JEREMIAH E. DENNIS

- The books are in the care of ► **1153 W. FAYETTE ST., SYRACUSE, NY - SYRACUSE, NY 13204**
Telephone No. ► **(315)424-1750** FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2008** or
► ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 480.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization SEIU LOCAL 200UNITED	Employer identification number 16-1605194
	Number, street, and room or suite no. If a P.O. box, see instructions. 1153 W FAYETTE ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, NY 13201	

Check type of return to be filed(file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

JEREMIAH E. DENNIS

- The books are in the care of ► **1153 W. FAYETTE ST., SYRACUSE, NY - SYRACUSE, NY 13204**
Telephone No. ► **(315) 424-1750** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2008** or
► ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)